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DECLARATION AND POWER OF ATTORNEY

BEST AVAILABLE COPY

As a below-named inventor, I hereby declare that: My residence, post-office address, and citizenship are as stated below next to my name,

I believe that I am the original, first, and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD OF AND APPARATUS FOR THE PROCESSING OF MEAT

the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim the benefit under 35 USC 120 of the United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States Application(s) in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose material information as defined in 37 CFR 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Serial Number	Filing Date	Status
09/808398	14 March 2001	Pending

I hereby appoint as attorneys to prosecute this application and to transact all business connected therewith:

Herbert Dubno, Reg. 19,752; Andrew Wilford, Reg. 26,597; Jonathan Myers, Reg. 26,963 and each of them individually.

Address all correspondence to:

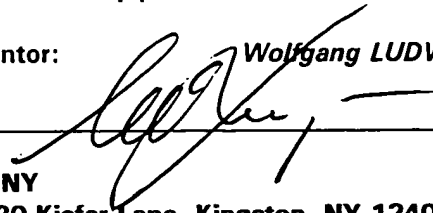
**The Firm of Karl F. Ross, P.C.
Customer Number 535
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Bronx, NY 10471-0900
(718) 884-6600**

Direct all telephone calls to:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole inventor: **Wolfgang LUDWIG**

Inventor's signature



Date: **11-26-01**

Residence: **Kingston, NY**

Citizen of **USA**

Post-office Address: **20 Kiefer Lane, Kingston, NY 12401**

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